Havilah Prospects Limited

Havilah Office

Inspection report

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Date of inspection visit:
08 May 2017

Date of publication:
16 June 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Havilah Office on 8 May 2017, the inspection was announced. We gave the provider six days' notice to ensure the key people we needed to speak with were available. Our last inspection took place on 13 and 14 January 2016 where we found one breach of regulations in relation to the safe management of medicines.

The service provides personal care and support for people living in their own homes. At the time of the inspection there were two people using the service.

There was a registered manager in post who was present during the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people's health and wellbeing were assessed and there was guidance to show how risks were managed, but risk assessments did not include details of who staff should contact in the event any emergencies. Staff had received training to safeguard people from harm; however the provider did not notify us of an allegation of abuse as they are required to do.

Medicines were not managed safely. Staff had received training and people's relatives expressed no concerns about how medicines were administered, however medicines were not managed safely as accurate records were not maintained.

Enough staff were deployed by the provider to meet the needs of people who used the service and they had been suitably vetted before they began work. Training was completed by staff to update their practice and skills and staff received good support from the management team.

Quality assurance systems were not robust enough and had not identified the concerns we found. In addition, feedback was not sought by the provider to obtain people's views and seek staff opinions. The last inspection report and rating was not displayed on the provider's website so people could make an informed decision about using the service.

Care plans were in place to guide staff about how best to support people, but were not personalised to take in account people's overall assessment of needs. People had access to healthcare services when they needed this and were supported with sufficient food and drinks.

Staff spoke positively about the care they provided and a relative observed the staff to be caring and said that staff provided care in a dignified and respectful manner.

Best interests meetings had been held in collaboration with professionals involved in people's care and the provider followed the legal requirements in accordance with the Mental Capacity Act (MCA) 2005. People had access to healthcare services when they needed this and were supported with sufficient food and drinks.

We found three breaches of regulations in relation to safe care and treatment, person centred care and good governance. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff had received mandatory medicines training; but medicines were not managed safely as records were not accurate.

Risks assessments were in place, but did guide staff on how to mitigate potential risks.

Staff had completed safeguarding training and understood how to recognise and report abuse.

Background checks were carried out on staff to assess their suitability for their roles.

Is the service effective?

Good

The service was effective.

Staff received training and support to enhance their skills and knowledge.

People's consent was sought and best interests decisions were made in accordance with the Mental Capacity Act (MCA) 2005.

People accessed healthcare services to assess and monitor their healthcare needs and were supported with sufficient food and drink to meet their nutritional requirements.

Is the service caring?

Good

The service was caring.

Relatives told us people received support from consistent care staff who were kind.

Care was provided by staff who understood their preferences and wishes.

Staff told us they respected people's dignity and privacy and people's relatives confirmed this.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not personalised to demonstrate all their needs were fully assessed and reviewed. People's relatives told us staff provided good care.

The provider used a dependency tool to assess people's care needs and this was effective.

People had not raised any complaints and their relatives confirmed this.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality monitoring systems were not effective and auditing of people's records did not identify the issues we found.
The provider did not notify the Care Quality Commission of a safeguarding allegation. Their previous inspection report and rating was not displayed on their website, however the provider updated this following our inspection.

Systems were in not in place to obtain people's views about the care provided to them.

Peoples' relatives told us they were happy with the care provided and staff felt appropriately supported by the management team.

Havilah Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 May 2017. The inspection was announced and was carried out by one inspector. We gave the provider six days' notice to ensure the key people we needed to speak with were available. An expert by experience made telephone calls and spoke with the relatives of the two people who used the service to seek their views as the people who used the service were unable to verbally communicate with us. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked information that the Care Quality Commission (CQC) held about the service including their previous inspection report, their action plan following our last inspection and notifications sent to CQC by the provider. The notifications provide us with information about key changes to the service and any significant concerns reported by the provider.

During the inspection, we spoke with the operations manager and the registered manager. We looked at the records in relation to two people's care including their medicines records. We also viewed two staff recruitment and training records and a selection of records relating to the management of the service.

After the inspection we spoke with two care workers to gain an understanding of how they delivered care to people.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that medicines which were taken as required (PRN medicines) were not included in the person's care plan and there was no protocol in place for this. During this inspection we found that the provider had taken some steps to address this concern but further concerns were identified.

The relative we spoke with explained staff supported them safely with their medicines and these were given at the right time, however despite this positive feedback, we found that some medicines were not clearly recorded to mitigate potential risks associated with people's medicines. For example, medicines given as required had been administered for two people and we saw that staff had signed the medicines administration records (MARs) to indicate when this had been given but there were no written records to show the reasons why these medicines were administered.

The MARs for two people did not include all the details of all the medicines staff administered to them. Cream was applied to people's skin to maintain their skin integrity and prevent the development of pressure sores, and staff had recorded in the daily logs that this had been applied but these medicines were not included on the MARs or in people's care plans. We spoke to staff who told us they only supported people with PRN medicines, and this was when the person experienced pain, however records showed that another person was supported by staff with medicines for a long term health condition.

It was not clear which medicines staff were supporting one person with and how they were supporting them to take this, and we found there were discrepancies in the recording on the MAR charts. For one person we saw that over a period of five days staff had not signed the MAR charts to say their medicines had been administered. We crossed referenced the MAR chart with the daily records and found that the staff had documented that they had administered the medicines for these dates but did not record the name of the medicines they had administered.

People's daily records also did not clearly demonstrate the dosage of medicines that were administered to people. We found written records showed that one person was given 10mls and 30mls of syringes with food, which was written to suggest medicines, had been administered covertly. Therefore we could not be sure what medicines staff were administering to people when reviewing their records and if they were safely supporting them with this.

The operations manager contacted the staff member who clarified the medicines were not given covertly with food and the registered manager acknowledged the recording of medicines in people's records needed to documented more clearly.

At our last inspection, we found that a risk assessment was not clear in relation to staff responsibility around percutaneous endoscopic gastrostomy (PEG) feeding to ensure that staff knew how to manage the associated risks. The relative we spoke with told us they had been supported safely with this area of their care and the records we looked at confirmed staff had received training for PEG, however the provider had not addressed this concern and the risk assessment had not been updated to provide guidance to staff

about how to manage any potential risks.

People's files contained individual risk assessments that included the monitoring of people's skin integrity, oral hygiene, how they should be supported with personal care and their mobility needs and how to reduce the likelihood of risks. For example, these included how many people were needed to move and position the person, and the aids and adaptions they required to do this safely. Records showed that an occupational therapist had visited to assess people's home environment and provided equipment for the kitchen to ensure people were safe when mobilising in this area of the home. However, one person's care plan contained unclear guidance about how staff should support them with their mobility needs In addition there were no details provided about who staff should contact in the event of an emergency. For example, one person was a wheelchair user and was at risk of scalding themselves, the risk assessment demonstrated how risks should be managed, such as ensuring a sling was fitted for moving and positioning and the person responsible for this area of their care, and making certain hot items were out of reach due to the potential risk of scalding, however there was no information on who to contact in the event of an emergency.

The above issues constitute a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relative we spoke with told us they felt safe with the care that was provided by the staff and commented, "They feel safe; nothing has happened I watch the carer and I can see they feel safe."

Staff understood the types of abuse people could experience and explained that if the provider failed to act on a safeguarding matter they would escalate their concerns to external organisations. They commented, "If I recognised a safeguarding concern I would speak to the relative, log it in the communication book and call the office to let them know" and "If I see any bruising that could be physical abuse, it could mean someone hasn't been doing their care properly. I would report this to the manager, if they didn't do anything about it I would whistle blow." Safeguarding training had been completed by staff so they would know what to do if they suspected a person was at risk of harm. The provider told us there had been no allegations of abuse; however, we noted one safeguarding concern had been reported in March 2016 by an external organisation of alleged neglect, this was found to be unsubstantiated but the provider did not inform the Care Quality Commission (CQC).

Recruitment checks had been carried out on potential employees before they began work. Staff files contained information that included two references, identification, and checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions in order to help providers make safer recruitment decisions. Where criminal record checks required updating in line with the provider's policy, records confirmed this had been done.

Rotas were written to include the times people received their care visits and the tasks they were required to carry out and the relative we spoke with told us, "They are on time; if they were late I would complain." Consistency of care was delivered to people in their home as staff had worked with people for a number of years and knew how people wished to receive their care.

Good

Is the service effective?

Our findings

Staff received training that was delivered by the management team who were accredited trainers, and the provider had a large training suite on the premises to facilitate this. Records showed that staff had received training in subjects such as medicines, risk assessing, dementia, moving and handling and infection control and these records were up to date. Staff explained they had received a thorough induction before they commenced work and received the appropriate training in order to carry out their roles effectively, and commented, "The personal development is good and I have completed my NVQ 3 and just finished a team leader course." Supervision records showed one to one conversations had been undertaken with the provider and included an appraisal to review their annual performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

There was evidence to show that relatives had legal authority to act for and consent to the care of the people who used the service. The initial referrals sent by the local authority showed where people had the capacity to make day to day decisions about the care they received. Best interests meetings had been held in consultation with people and health professionals about specific decisions relating to their overall care. For example, one relative was the appointee to make the decisions about the person's financial arrangements. Consent forms had been signed by the relative to agree that staff could visit the home and review their care needs and an agreement to the terms and conditions of the service was sought by the provider and signed by the relative. Guidance about the five key principles of the MCA was contained in people's files to ensure the provider followed and adhered to these.

The relative we spoke with told us their family members was supported with their nutrition and required full assistance to meet their nutritional needs. Meals were prepared by the relative and staff supported the person with their food and drink. One person was provided with a soft food diet due to the difficulties they had with eating and swallowing and records noted that staff were to ensure that people were supported with fluids at regular intervals. One staff member told us, "One person can tell you what they want and eats rice, vegetables, fish and beef, [their relative] does the cooking." Daily records written by staff showed the foods people preferred and how staff assisted with their nutrition to make certain they maintained a well-balanced diet.

People had access to healthcare services when this was needed and the relative we spoke with commented, "The carer will help me make appointments and the district nurse comes every week." Records showed that the district nurse visited people to help maintain their skin integrity and one person was provided with a pressure mattress. People's records showed dependency tools were in place to monitor this and the level of support that was required. Staff explained they regularly liaised with the district nurse to remind them when

the stock of creams ran out and communicated frequently with the relative if they had concerns about the health care needs of people using the service.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff that had developed positive relationships with them. Care assessments that were carried out detailed the significant events in people's lives, their background, circumstances and lifestyle choices and the family members who were involved with and responsible for their care. The relative we spoke with commented, "They are all kind and caring, they do care, if they were no good I would change them. [My family members] have had the same carer for nine years."

Staff spoke positively about their roles and explained the reasons why they enjoyed the support they delivered to people in their home. They commented, "I enjoy the job because of [the people] they are like my own family, and I treat them like that. Their [family member] trusts me, I have been working with them for over eight to nine years" and "I love what I do, I have done this for five years I like looking after people."

Due to the length of time staff had supported the same people they understood their preferences and interests, and how best to communicate with them to meet their needs. One member of staff explained that people used their body language, such as their facial expressions, to indicate if they preferred the choices that were made available to them, or if they chose not to engage in conversations with the staff. For example one person's care plan included their comprehension and communication needs and noted that they responded verbally and detailed the specific sound they made with their voices, that they used minimal body language, and how they expressed themselves if they experienced emotional distress or discomfort.

Staff described how they respected people's privacy and dignity by supporting people with care in the least intrusive way. To ensure their dignity they explained they covered certain areas of their body when providing personal care and made sure the curtains were drawn and doors were closed so their privacy was maintained. A relative confirmed this was done and said they had observed the staff supporting their family members in a dignified way.

The provider took into account people's diverse needs, and supported people to maintain their independence in the home as far as practically possible. Care records showed what people were able to do for themselves, for example, their ability to manoeuvre themselves when staff were assisting them with moving and positioning. Records showed people's cultural needs in relation to the foods they enjoyed and their specific language needs and they were supported with same gender staff where this was requested.

Requires Improvement

Is the service responsive?

Our findings

The relative we spoke with told us their family member's needs were met and that staff supported them with good care. Despite this positive feedback we found that care plans had not been fully reviewed to include personalised information about people's care. Detailed initial assessments had been carried out on people by the referring authority which included information on people's mental, emotional and physical well-being, how they should be supported with their nutrition requirements, the interests and hobbies they enjoyed outside of the home, and the transitional arrangements were mapped from children to adult social care services to show how they moved between services.

The provider had updated specific areas of care they supported people with in their care records but this did not include the overall assessment of people's needs that was contained in the local authorities' assessment. They missed out key points of information to ensure that people received support that was person centred. This meant that certain aspects of people's care was not reviewed so the provider could be responsive to their needs. For example, the referrers' assessment included that one person used pictures and the Picture Exchange Communication System and stated that a referral had been sent to a Speech and Language Therapist (SALT) to enable them to communicate with their peers when they attended college. This information was not contained in the care plan. Another person had a visual impairment and epilepsy but had not experienced a seizure for a number of years, however, their care plan had not been updated to reflect this. This would be essential guidance for care workers to follow when they were supporting people with care. Therefore we could not be assured that people's individual needs were being fully met. We pointed out our findings to the registered manager who agreed that the care plans needed to be more streamlined to accurately reflect people's current needs to ensure that these were met.

This was a breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Dependency tools were used by the provider to determine people's support needs. This comprised of information relating to the prevention of pressure sores, the risk to people mobilising in the home, the risk of falls, and their nutritional needs. Staff told us how they supported people in the community and assisted them with their preferred choice of clothes before attending activities in the community. They explained they were present when a health professional arrived to review people's needs and they told us they had read people's care plans and the relatives we spoke with confirmed this.

The provider had a system in place to ensure that where people were dissatisfied with the service; their concerns would be investigated and acted on within a specific timescale. The relative we spoke with told us that people had no concerns and were satisfied with the service their family members received. The provider had received no complaints from people, but told us they would follow their policy if they had. We received the provider complaints policy following the inspection, however the information in this was inaccurate. The policy documented that people could approach the CQC if a response was not received by the provider with a certain timescale, however the CQC do not investigate complaints directly.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that the provider's auditing system did not pick up all the errors we found, such as issues relating to 'as required' medicines and we made a recommendation about the provider developing a robust audit system. During this inspection we found that quality assurance systems were not always effective and the provider had not addressed all the actions we identified during our last inspection. The provider had not established a thorough auditing system to determine the discrepancies we found in relation to the recording of people's medicines, clear guidance was required in people's risk assessments and care plans needed to be fully reviewed. We asked the registered manager for copies of recent spot checks and surveys that had been carried out to obtain people's feedback but these had not been completed. This meant that systems were not effectively operated to monitor and improve the quality and safety of the services provided to people.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

The registered manager acknowledged these issues and told us the deputy manager had left the organisation in August 2016 and they had only recently recruited an operations manager who had been in post for two months. However it is the registered manager's responsibility to ensure that tasks were fully completed to the required standard so that good governance was consistently maintained.

There had been one safeguarding concern of alleged neglect that had been investigated but the Care Quality Commission (CQC) had not been notified of this. After the inspection we asked the provider to submit a notification to the CQC. We asked the registered manager to send us this notification which has not yet been received. In addition the provider had not displayed their last inspection report and rating on their website as required. The provider told us they would update this and we checked following our inspection and found that this had been done.

The relative we spoke with told us they had no concerns with the care the service delivered and commented, "They are a very good agency, if they were no good I would change." Staff we spoke with explained they felt supported by the provider and commented, "They are helpful if I need anything I will call them and they will ask me to come to the office" and "The agency are supportive and any concerns we take them on board." There was no evidence that team meetings had taken place to seek staff opinions and ideas but staff explained they met with the provider during their one to one sessions, and the training they received helped them to improve their skills and experience.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: The provider did not carry out collaboratively with the person an assessment of their needs and preferences for their care or design care with a view to achieving service user's preferences and ensuring their needs were met. Regulation 9(3)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a)(b)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not always provided in a safe way for service users as the registered person did not always assess the risks to the health and safety of service users and did not always do all that was reasonably practicable to mitigate any risks or ensure the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g)

The enforcement action we took:

A Warning Notice was served